

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

PEE DEE Transportation  
122 Manning Street  
Marion SC 29571

RECEIVED

APR 22 2011

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

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DOCKET

NUMBER: 2011 - 178 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Johnny L Davis

Telephone:

843-611-4815

Address:

1431 Woodhaven Rd.  
Latta S.C. 29565

Fax:

Other:

Email:

d/Johnny E. bell South-Net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☒ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other:

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APR 25 2011

PSC SC  
CLERK'S OFFICE

RECEIVED

APR 27 2011

PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

(Signature)

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**RECEIVED**  
APR 22 2011

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER**

CLASS C - NON-EMERGENCY

**RECEIVED**  
APR 22 2011

Date: 4-20-2011

**ORS  
T.T.W.W.W**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

Johnny DAVIS d/b/A

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

PEE DEE Transportation

122 Manning Street Marion S.C. 29571  
Street Address of Applicant

PO Box 721 Marion S.C. 29571  
Mailing Address of Applicant if different from street address

843-617-4815

Phone

Fax

d/Johnny@bellsouth.net

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☒ Partnership - List names and address of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

Johnny Lee DAVIS

1431 Woodhaven Rd Latta S.C. 29565

Kathy McRae

150 Danny Dr. Marion S.C. 29571

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

*New Business*

Balance at Time Application is Filed:

Month 3 Year 2011

**Assets:**

Cash	<i>New Company</i>
Receivables	—
Real Estate	—
Buildings and Equipment (Net)	—
Motor Vehicles (Net)	\$ 6900.00
Garage Equipment (Net)	—
Machinery and Tools (Net)	\$ 1000.00
Supplies on Hand	—
Prepays and Other Assets	—
<b>Total Assets</b>	<b>\$ 7900.00</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	(Rent) \$ 450.00 Per Month
Notes Payable	950.00
Mortgages Payable	—
Equipment Obligations	1500.00
Accrued Salaries and Wages	3250.00
Other Accrued Obligations	600.00
Other Liabilities	2850.00
<b>Total Liabilities</b>	<b>\$ 9600.00</b>
Capital Stock	N/A
Retained Earnings	N/A
<b>Total Equity</b>	<b>0</b>
<b>Total Liabilities and Equity</b>	<b>\$ 9600.00</b>

## PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

Ambulatory Clients  
per trip(s):

BASE w/miles  
(one way price)

1 - 5(miles)	= 15.00
5.1 - 10(miles)	= 22.50
10.1 - 25(miles)	= 30.00
25.1 - 35(miles)	= 45.00
35.1 - 45 miles	= 55.00
45.1 - 50 miles	= 65.00
50.1 - over	= 75.00 or more

Counties to be Served:

Marion, Florence, Dillon, Horry, Williamsburg

PEE-AREA  
DEE

Maximum Number of Passengers per Vehicle:

7 per vehicle

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Pee Dee Transportation

Name of Motor Carrier

122 Manning Street Marion SC 29571

Address of Motor Carrier

**Amount of Premium:**

Liability Insurance \$

3785.00

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurance	\$ 1,000,000	<u>1,000,000</u>
Medical Payments per Person	\$ 1,000	<u>18,000</u>

Columbia (Coleman's)

Name of Insurance Company

3024 Harney St Omaha NE 68131

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

2-22-11

Date

Randall Cole

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

**Exhibit FWA**

Johnny Davis

Name

ICC No.

U.S.D.O.T No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

### **Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes

☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes

☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes

☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes

☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF Dillon

Johnny L. Davis  
Applicant's Signature

I, Randall Coleman, Insurance Agent  
Name of Applicant's Representative Title

of Johnny L. Davis  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Randall Coleman  
Signature of Applicant's Representative

SWORN TO BEFORE ME  
This 22 day of Feb, 2011

Balmain Williamson  
Notary Public

Commission Expires 2020

**DeSanty, Tricia**

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**From:** Johnny Davis [dljohnny@bellsouth.net]  
**Sent:** Wednesday, April 27, 2011 8:59 PM  
**To:** DeSanty, Tricia  
**Cc:** Veronica Frierson  
**Subject:** Re: Class C (Non-Emergency) Application

*Johnny L Davis*

*PEE DEE Transportation*

*122 Manning St.*

*Marion S.C. 29571*

*(843)617-4815*

To: Mrs. DeSanty  
PEE DEE Transportation is not either, we are  
Johnny Davis d/b/a PEE DEE Transportation